Fill	in this information	to identify your case:	1,00 .3 1.11		1/ Lpt	orod 1	7731/		x only as directed in thi	s form and in
D	ebtor 1	Rebecca	Hanifah	Ali				_	no presumption of abu	
		First Name	Middle Name	Last Name				_		
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name				of abuse a	ulation to determine if a	ler Chapter 7
					Donnovlvo	nia			t Calculation (Official F	,
Uı	nited States Bankr	ruptcy Court for the:	Easter	n District of	Pennsylva	nıa	-		ans Test does not apply military service but it o	
_	ase number known)							Charlet 4h	is is an amended filing	
	, 							- Check ii th	is is an amended liling	
Of	ficial Form	122A-1								
Cr	napter 7	 Statement	of Your	Curren	t Mont	thly li	ncc	me		12/19
attac and oeca with	ch a separate shed case number (if kause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number that you are exem plete and file <i>Stat</i>	to which the a	additional in resumption	formation of abuse b	applies pecaus	s. On the top of e you do not ha	ng accurate. If more s any additional pages, we primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		rital and filing status?								
		Fill out Column A, line								
		our spouse is filing v	•			2-11.				
		our spouse is NOT fi				'alumn A a	nd B. I	inos 2 11		
	_			•					g this box, you declare	
	under pe		ou and your spous	e are legally s	eparated und	der nonbar	hkruptc	y law that applie	s or that you and your	
va ex	aried during the 6 r	months, add the incom	ne for all 6 months	and divide the	total by 6. F	ill in the re	sult. De column	o not include an	e amount of your mont y income amount more e nothing to report for a Column B Debtor 2 or	than once. For
							Deb	itor i	non-filing spouse	
2.	Your gross wage deductions).	es, salary, tips, bonus	es, overtime, and	commissions	(before all p	ayroll		\$0.00		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						\$0.00			
4.								\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00						
	Ordinary and neo	cessary operating expe	enses	- \$0.00						
	Net monthly inco	me from a business, p	profession, or farm	\$0.00		Copy here		\$0.00		
6.	Net income from	rental and other real	property	Dobtor 4	Dobto: 0			,		
٥.		efore all deductions)	F F 1-7	Debtor 1 \$0.00	Debtor 2					
	. `	cessary operating expe	enses	- \$0.00	_					
	and not	The second of the				Сору				
	Net monthly inco	me from rental or othe	er real property	\$0.00		here		¢ ດ ດດ		
_						\rightarrow		\$0.00		
7.	Interest, dividend	ds, and royalties						\$0.00		

Debtor 1

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	First Name Middle Name	Last Name				
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation			\$0.00		_
	Do not enter the amount if you contend that the under	amount received was a ber	nefit			
	the Social Security Act. Instead, list it here:		\downarrow			
	For you	\$2	,608.00			
	For your spouse					
	 Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exce do not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, then that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 of 10. Income from all other sources not listed above Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection winjury or disability, or death of a member of the list other sources on a separate page and put to 	ept as stated in the next sen annuity, or allowance paid disability, combat-related in diservices. If you received a ninclude that pay only to they to which you would otherwother than chapter 61 of that is e. Specify the source and a Social Security Act; paymea ainst humanity, or internation pay, annuity, or allowance paith a disability, combat-relatuniformed services. If nece	tence, by the jury or ny e extent vise be ititle. amount. ents inal or paid by ed	\$549.69		
	Total amounts from separate pages, if any.		+		+	
	11. Calculate your total current monthly income. each column. Then add the total for Column A			\$549.69	+	= \$549.69 Total current monthly income
Pa	rt 2: Determine Whether the Means Test A	pplies to You				
12.	Calculate your current monthly income for the year.	Follow these steps:				
	12a. Copy your total current monthly income from lin	ne 11			Copy line 11 here \rightarrow	\$549.69
	Multiply by 12 (the number of months in a year		,	x 12		
	12b. The result is your annual income for this part of	the form.			12b.	\$6,596.28
13.	Calculate the median family income that applies to					
	Fill in the state in which you live.	Pennsylvania				
	Fill in the number of people in your household.	1				
	Fill in the median family income for your state and siz To find a list of applicable median income amounts, g instructions for this form. This list may also be available	o online using the link spec	ified in the sep	arate	13.	\$65,737.00
	How do the lines compare?					
	14a. Line 12b is less than or equal to line 13. On t	he top of page 1, check box	1, There is no	o presumption of ab	use.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor 1

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Middle Name

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



X /s/ Rebecca Hanifah Ali

Signature of Debtor 1

Date 12/31/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.